

**WORKFORCE SERVICES**

sdjobs.org

**REGISTERED APPRENTICESHIP PROGRAM  
TRAINING PROGRESS REPORT**

**DUE DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name of Apprentice: \_\_\_\_\_ Last four Digits of SSN: \_\_\_\_\_

This progress report refers to performance during \_\_\_\_\_ of \_\_\_\_\_ for the apprentice named above.  

Month

Year

**EVALUATION**

**1** Satisfactory progress in training has been made: ☐ YES ☐ NO

If yes, hours of OJT complete \_\_\_\_\_ Hours of RI completed \_\_\_\_\_

If no, explain the reason for unsatisfactory progress

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**2** Did the apprentice have any unexcused absences? ☐ YES ☐ NO

If yes, list dates:

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*I certify that the above-named individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the South Dakota Department of Labor and Regulation.*

Signature of Training Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name of training facility: \_\_\_\_\_

**APPRENTICE AGREEMENT**

I, the undersigned, certify that the statements are true and correct and I am aware of the penalties for all false statements on my claim.

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_